

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000120691

Entity Name: INNEWVATION ANESTHESIA SOLUTIONS PLLC

Current Principal Place of Business:

11722 CHANTICLEER CT
PENSACOLA, FL 32507

Current Mailing Address:

PO BOX 34467
PENSACOLA, FL 32507 US

FEI Number: 46-1025701

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BASS & SANDFORT ACCOUNTANTS, PA
1301 W GARDEN ST
PENSACOLA, FL 32502 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name NEWCOMB, DEBORAH L
Address 11722 CHANTICLEER CT
City-State-Zip: PENSACOLA FL 32507

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NEWCOMB , DEBORAH L

M

02/25/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date